

THE PATIENT SELF-DETERMINATION ACT, WHICH INCLUDES ADVANCE DIRECTIVES, REQUIRES _____ (name of hospital) TO INFORM YOU OF YOUR RIGHTS AS A PATIENT AND OF OUR POLICIES:

1. You have the right to make decisions concerning your medical care.
2. You have the right to accept or refuse medical or surgical treatment, including the right to formulate advance directives (declarations and/or durable powers of attorney for health care decisions).
3. You have the right to be given information concerning Advance Directives within 24 hours of your admission to this hospital.
4. Upon admission, you will be asked if you have an advance directive.
5. It will be documented in your medical record whether you have an advance directive.
6. If you have an advance directive you should furnish a copy to this hospital, so it can be placed in and made a part of your medical record/chart, so hospital personnel are made aware of your medical treatment desires.
7. If you have an advance directive it will be honored by the hospital. **(If the hospital has a policy stating it cannot honor an advance directive on the basis of conscience objection, the hospital must include a clear and precise statement of limitation. At a minimum, a hospital's statement of limitation must: a) clarify any differences between institution-wide conscience objection and those that may be raised by individual physicians; b) identify the state legal authority permitting such objection, which in Nevada is NRS 449.628; and c) describe the range, if any, of medical conditions or procedures affected by conscience objection).**
8. The hospital will not condition the provision of care or otherwise discriminate against you based on whether you have formulated an advance directive.
9. For further information regarding advance directives, or to obtain advance directives forms, please contact _____ (name or department) at this hospital.
10. For further information in the community you may contact_____.
11. Complaints or grievances concerning hospital advance directives noncompliance may be addressed to:

North (includes rural Nevada)

Nevada State Health Division
Bureau of Licensure and Certification
1550 East College Parkway, Suite 158
Carson City, NV 89706
(775) 687-4475

South

Nevada State Health Division
Bureau of Licensure and Certification
4220 South Maryland Parkway
Building D, Suite 810
Las Vegas, NV 89119
(702) 486-6515